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CONFIRMATION NO. 1271

<b>SERIAL NUMBER</b> 10/759,860	<b>FILING OR 371(c) DATE</b> 01/16/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> DX0589K1D
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/039,659 01/03/2002 PAT 6,723,520 which is a DIV of 08/887,977 07/03/1997 ABN which claims benefit of 60/021,664 07/05/1996 and claims benefit of 60/028,329 10/11/1996 and claims benefit of 60/048,593 06/04/1997 *OK*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None-OK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 04/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>OK</i> Examiner's Signature _____ Initials _____				

## ADDRESS

24265

## TITLE

Methods for using chemokine teck

<b>FILING FEE RECEIVED</b> 968	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit